

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 18, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456-WP.

II. RATIONALE

Review of the requestor's request for reconsideration letter dated November 5, 2003 partially states; "We originally billed **\$800** per pages 255-259 (attached) of the New Texas Medical Fee Guidelines for a **Designated Doctor Impairment Rating Evaluation (base \$350) plus two body areas (\$150-Spine DRE and \$300-Upper Extremity ROM). You paid \$500. We do not agree that our bill should have been reduced, as we billed correctly per the MFG. Please reconsider and provide payment of \$300...**"

Review of the respondent's position statement dated December 23, 2003 partially states; "...A request has been made to determine the date of Maximum Medical Improvement (MMI). According to the accepted medical standards, that date has been determined as July 1, 2003. The TWCC Guidelines indicate that MMI is 'the earliest date after which, based on reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.'...It should be noted that the AMA Guides prefer that an evaluator utilize the DRE injury model, as opposed to the ROM model. This has been done, therefore, no impairment is awarded for range of motion deficit in the lumbar spine...Rang of Motion of the left should was performed with a goniometer. Based on these results the examinee is assigned a 0% upper extremity impairment..."

The requestor billed the carrier for date of service 9/18/03, CPT code 99456-WP in the amount of \$800.00. The carrier paid the requestor the amount of \$500.00 and denied the remaining balance of \$300.00 as "Reduced or denied in accordance with the appropriate Fee Guideline Ground Rule and/or maximum allowable reimbursement (MAR)." Review of the additional EOB dated 11/20/03 revealed that the carrier re-audited the bills and reimbursed the requestor the amount of \$150.00 with a remaining dispute balance of \$150.00.

According to TWCC Rule 134.202 (e)(6)(C)(iii) an examining doctor, other than the treating doctor, shall bill using the "Work related or medical disability examination by other than the treating physician..." CPT code. Reimbursement shall be \$350.00 for the MMI evaluation. According to TWCC Rule 134.202 (e)(D)(iii)(II) \$150 for each body area if the Diagnosis Related estimates (DRE) method found in the AMA Guides 4th edition is used.

The requestor billed for the DRE method found in the AMA Guides 4th edition, reimbursement is therefore \$150.00 for each body area. Per TWCC Rule 134.303 (e)(6)(D)(iii)(II)(b)(1), a full physical evaluation with range of motion of the left shoulder was performed; therefore reimbursement is recommended in the amount of \$300.00. The requestor is therefore entitled to reimbursement in the amount of \$800.00. According to the EOBs the requestor received payment from the carrier in the amount of \$650.00, additional reimbursement is recommended to the requestor in the amount of \$150.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99456-WP in the amount of **\$150.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$150.00** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 05th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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